

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000018648					
1. Corporation Name ABRA SERVICES, INC.					
Principal Place of Business 807 OAKFIELD DRIVE BRANDON FL 33511			Mailing Address 507 OAKFIELD DRIVE BRANDON FL 33511		

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1996	
4. FEI Number 59-3368013	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	

2. Principal Place of Business 1201 Oakfield	2a. Mailing Address 1201 Oakfield
22. Suite, Apt. #, etc. 108	27. Suite, Apt. #, etc. 108
23. City & State Brandon, FL	28. City & State Brandon, FL
24. Zip 33511	29. Zip 33511

9. Name and Address of Current Registered Agent DONICA, HERBERT R 201 EAST KENNEDY BLVD. STE 1500 TAMPA FL 33602	
10. Name and Address of New Registered Agent	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARKIN, CINDY 5202 TROON VALRICO FL 33594	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ DELETE ☐ Change ☐ Addition

D8/7/25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cindy Arkin* **7/5/99** **813-643-5683**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2034 (5/99)



*Business solutions today
for tomorrow's changing world.*

Cindy Arkin, President and CEO
P.O. Box 2774
813-620-8782
Fax: 813-662-5512

July 27, 1999

To: Florida Dept of State
Attn; Sean Toner

Dear Mr. Toner,

As I spoke with Cathy I NEVER received the first notice that there was a filing due and therefore the late fee should be waived.

You have the \$150.00 check and therefore this should be all that is required.

Please contact me at 813-340-6425 on the personal cell phone if you have questions.

Sincerely,


Cindy Arkin
President and Ceo